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ABSTRACT

Prepared by the District of Columbia Street Law Project for its 19th annual city-wide mock trial competition, this instructional handout provides the material for a mock civil trial over the establishment of a home for people with Acquired Immune Deficiency Syndrome (AIDS) in a residential district. The will of John King established that upon his death his house be used as a group home for persons with AIDS and that a trust fund be created for the administration of the house. Vickie G. Knight, the trustee, lives in the home with five individuals infected with AIDS. Local neighbors formed a coalition, "Neighbors Against AIDS Homes (NAAH)," to oppose the location of "Our House" in their neighborhood, arguing that zoning regulations exclude health care facilities and community-based residential facilities. The defendants claim that they are in compliance with the single-family residence requirement. The handout clarifies the laws and explains the legal precedents. As evidence, the handout provides an architect's sketch of the house; the Infection Control Guidelines for Home Care; the chart of activity at "Our House"; and witness statements from a representative of NAAH, a medical expert for NAAH, a former cleaner at "Our House," Vickie Knight, a medical expert for "Our House," and a resident of "Our House." Through participation in mock trials and analysis of the activity, students gain an insider's perspective on courtroom procedure and a basic understanding of the legal mechanism through which society resolves its disputes. Mock trials develop critical analysis, questioning and listening skills, and skills in preparing and organizing materials. (JD)

ED 378 126

OFFICIAL 1990 MOCK TRIAL MATERIALS

FOR THE

NINETEENTH ANNUAL

DISTRICT OF COLUMBIA

PUBLIC SCHOOLS

MOCK TRIAL PROGRAM

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NAAH, Neighbors Against AIDS Homes, Marsha(ll) Gaskins, et al., and those Similarly Situated

v.

Vic(kie) G. Knight as Trustee of the John King Trust and Administrator of "Our House"

Prepared by

The Staff of the D.C. Street Law Project
Georgetown University Law Center
in conjunction with the National Institute for Citizen Education in the Law

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SO 024 670

NAAH, Neighbors Against AIDS Homes, Marsha(ll) Gaskins, et al., and those Similarly Situated
v.
Vic(kie) G. Knight as Trustee of the John King Trust and Administrator of "Our House"

Statement of Facts

"Our House" was established by John King, whose will created the King Trust. The king trust provided that upon John King's death, his house located at 4210 Clover Street, N.W. in the District of Columbia, be used as a group home for persons with AIDS. The King Trust also set up a fund of $3.5 million for the care, upkeep and administration of the house and necessary support of its residents. Vic(kie) G. Knight is trustee and administrator of the trust. Six persons, including Knight, currently live in the residence known as "Our House." The first residents were accepted on March 15, 1989. All the residents except Knight have AIDS.

"Our House" is located in an area zoned as an R-1 residential district. In an R-1 district, single family dwellings are permitted, but health care facilities or community-based residential facilities are not permitted without a variance of the zoning code.

Local neighbors formed a coalition, "Neighbors Against AIDS Homes," known **"NAAH."** NAAH and its members are opposed to "Our House" in their neighborhood.

Claims and Defenses

The **plaintiffs**, NAAH and its members, have brought suit against the trust and Knight as trustee and administrator of the trust. The plaintiffs claim "Our House" is operating as either a health care facility or a community-based residential facility, or both, in violation of local zoning ordinances. In addition, the plaintiffs claim that "Our House" constitutes both a private and public nuisance. The plaintiffs deny any past or present discrimination against residents of "Our House."

The **defendants** claim that they are in compliance with the single-family residence requirement of the R-1-zoned area. They assert that "Our House" is not a health care facility or a community-based residential facility; rather, it constitutes a single-family dwelling permitted under the zoning ordinance. In addition, the defendants claim that their residence at 4210 Clover Street, N.W. does not constitute a public or a private nuisance.

The defendants charge that NAAH is discriminating against "Our House" and its residents because they have AIDS, in violation of the Federal Fair Housing Act of 1989, which bars such discrimination.

Relief Requested

The **plaintiffs** are seeking a permanent injunction barring "Our House" from continuing to operate as a health care facility or a community-based residential facility for persons with AIDS at 4210 Clover Street, N.W. Furthermore, the plaintiffs request that the injunction should prohibit the defendants from having a group of persons with AIDS living at 4210 Clover Street, N.W. The plaintiffs also request attorneys' fees and court costs.

The **defendants** ask that the injunction be denied and that the trustee and residents of "Our House" be declared a "family" according to District of Columbia zoning regulation 199. Alternatively, if the court finds the defendants to be operating as a health care facility or a community-based residential facility as defined by District of Columbia regulations, the defendants ask the court to stay the injunction, allowing them to apply for the necessary license. The defendants also request attorneys' fees and court costs.

Stipulations

Both parties agree to the following:

Witness statements are sworn and notarized. They may be used for impeachment, and may not be admitted into evidence.

Doctors Moss and Brown are qualified as experts with respect to AIDS.

The permit needed to make extensions to "Our House" was granted and is not at issue.

Witnesses

For the Plaintiffs	For the Defendants
Marsha(ll) Gaskins NAAH coordinator	Vic(kie) G. Knight, Trustee and Administrator of "Our House"
Dr. Mel(anie) Brown M.D., M.P.H Epidemiologist, B-Well Pharmaceuticals	Dr. Paul(a) Moss, M.D. Faculty, Georgetown Univ. Medical Center, Department of Infectious Diseases
Eva(n) Buttle Former house cleaner, "Our House"	Terry Campbell, resident, "Our House"

APPLICABLE STATUTORY LAW

1. Applicable District of Columbia Zoning Regulations*:

199 Definitions

Family: one (1) or more persons related by blood, marriage, or adoption, or not more than six (6) persons who are not so related, living together as a single housekeeping unit, using certain rooms and housekeeping facilities in common.

Dwelling: a residential building used or intended to be used for human habitation by members of not more than one family.

Community-based Residential Facility: a residential facility for persons who have a common need for treatment, rehabilitation, assistance, or supervision in their daily living. This means a facility that provides a safe, hygienic, sheltered living environment for individuals 18 or older who desire or need such an environment because of their physical, mental, familial, social, or other circumstances, and who are not in the custody of the Department of Corrections.

Health Care Facility: a residential facility providing medical or nonmedical services consistent with accepted professional, therapeutic medical care concepts and practices and with current health programs and legislation.

200 R-1 DISTRICTS: GENERAL PROVISIONS

200.1 The R-1 district is designed to protect quiet residential areas now developed with one-family detached dwellings and adjoining vacant areas likely to be developed for those purposes.

200.2 The provisions of this chapter are intended to stabilize the residential areas and to promote a suitable environment for family life. For that reason, only a few additional and compatible uses shall be permitted.

201.1 The following uses shall be permitted as a matter of right in R-1 residence districts:

(a) One-family detached dwelling;

(b) Church or other place of worship;

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* These have been adapted from the D.C. regulations.

(c) Parsonage, vicarage, rectory, or Sunday school building;

(d) Public schools, subject to the provisions of chapter 21 of this title.

213.1 The following uses may be permitted with a variance in R-1 districts:

(a) One-family, semidetached dwelling; and

(b) Youth residential care home, community-based residential facility, or health care facility for five (5) to eight (8) persons, not including resident supervisors and their families.

2. D.C. Code §25-401 Public Nuisance:

§25-401(a) Housing with violations that constitute a danger to the health, welfare, or safety of the occupants is declared to be a public nuisance.

§25-402(b) It is the purpose of this section to declare expressly a public policy in favor of speedy abatement of the public nuisances referred to in §25-401, if necessary, by preliminary and permanent injunction issued by courts of competent jurisdiction.

§25-403(c) A zoning variance may be granted only where and to the extent necessary in the case of exceptional or undue hardship, and only when compensating factors are present that give adequate protection to the public health, welfare, safety, or morals, and the variance can be granted without impairing the intent and purposes of the housing program of the District of Columbia in this subtitle.

3. Federal Fair Housing Act, Amendments of 1989:

§3601. Mission: It is the intent of Congress through this Act, to secure an end to discrimination for any reason other than that of individual merit. Bias against those with physical handicaps is included among the forms of discrimination prohibited by this Act.

§3604. It is unlawful to discriminate in the sale or rental of, or to otherwise make unavailable or deny, a dwelling to any buyer or renter based on handicap of:

(a) a person residing in or intending to reside in that dwelling after it is or sold or rented or made available;

(b) any person associated with that buyer or renter.

§3610. A physical handicap is a bodily or mental disablement which may be the result of any injury, illness or congenital condition for which reasonable accommodation can be made. Within this definition, a person who suffers a "bodily or mental disablement" due to an "illness" related to AIDS disease is handicapped under the Act.

§3617. It is unlawful to interfere with the exercise or enjoyment of a right protected under §3604. This section may be enforced by appropriate civil action.

APPLICABLE CASE LAW

Foont v. Berland, 203 N.E.2d 1249 (1986)

A private nuisance is an unreasonable interference with the use and enjoyment of land. The defendant's conduct must be weighed against the amount of harm to the plaintiff. The question is not simply whether a person is annoyed or disturbed, but whether the annoyance or disturbance arises from an unreasonable use of the land. Factors include visual changes and obstructions to land, noise, and disruption of quiet enjoyment, including sleep. Whether a given use complies with controlling governmental regulations is a measure of reasonableness. The fact that a use does not comply with legal restrictions does not automatically make it a nuisance. But failure to conform to the regulations may show that a use is unreasonable.

Spring View Neighborhood Association v. Well Fed Community Center, 31 Fed. 2d. 586 (1985).

A public nuisance is an unreasonable interference with a right common to the general public. Such unreasonable interference may include the following:

(a) conduct involving a significant interference with the public health, safety, peace, the public comfort, or convenience, or

(b) conduct forbidden by a statute, ordinance, or administrative regulation.

The neighborhood association brought an action for temporary and permanent injunctions to enjoin the community center from providing free meals to indigent persons. The plaintiff was entitled to a temporary injunction. The plaintiff showed that the center's clients frequently trespassed, urinated, consumed

alcoholic beverages, and littered on residents' property. The neighborhood center affected the neighbors' use and enjoyment of their real property. The permanent injunction was denied, however, to give the community center a chance to remedy the harm.

City of Storrs v. Transitional Center, 191 A.D.2d 1012 (1988)

To secure an injunction against a zoning ordinance violation or a public or private nuisance, a plaintiff may be any person whose rights to enjoy property have been infringed. An injunction is a court order restraining someone from doing, continuing to do, or threatening to do a certain act. To secure permanent injunctive relief, a plaintiff must present evidence demonstrating irreparable harm. The burden is upon the plaintiff to prove actual or threatened irreparable injury.

Williams v. Schaeffer, 108 Arizona Supr. Ct. 745 (1987)

Neighbors sought to enjoin the operation of a group home for mentally handicapped persons and one housekeeper as a violation of single-family dwelling restrictions of city zoning ordinances identical to those of the District of Columbia. Neighbors objected to alterations made to the house and complained of increased noise in the area, claiming these constituted a nuisance. Neighbors also claimed that the house would adversely affect the property values of their homes. Alterations to the house included the addition of three closets, a full bathroom, a second rear door, and a fire ladder at the rear of the house.

The court concluded that nothing in the record indicated how these alterations made this house any different from one used by the typical American suburban family. None of the alterations made in the house operated to change the character of the structure as a single-family dwelling. The five women functioned as a single housekeeping unit by sharing in the preparation of meals, performing housekeeping duties, and planning recreational activities. The housekeeper provided supervision and guidance similar to that provided by the head of any household. The day-to-day activities occurring at the home, as viewed from the outside, did not make it appear unlike the rest of the neighborhood. No injunction was granted.

Barker v. Sioux City, 63 Iowa Rpt. 2d 1142 (1989)

A private citizen sought to open a group home for homeless persons infected with the HIV virus. The city sought an injunction to prevent Barker from opening the group home on the grounds that it posed a threat to the health and safety of the community, especially due to its close proximity to a junior high school and park. The city asserted that it acted pursuant to a legitimate interest in zoning, particularly in regard to land use

and public health and safety. The court found that the plaintiff's irrational fear of AIDS was a motivating factor in its refusal to grant Barker's special use permit, which constituted illegal discrimination against the handicapped. The city's restrictions were both intentional and specifically designed to prevent persons infected with the HIV virus from residing at the house. The injunction was denied.

Witness Statement of NAAH Representative
Marsha(ll) Gaskins

My name is Marsha(ll) Gaskins. I live at 4211 Clover Street, N.W., Washington, D.C. I have lived at this address for six years. I am married and have two small children. I live in a quiet, single-family residential neighborhood. Many trees line the street. I bought the house because there were many families with children living on the street.

I am the coordinator of my neighborhood coalition, called NAAH, which stands for Neighbors Against AIDS Homes. This coalition was formed when I and eleven other families on the block heard that John King's house was going to be used as a group home for people with AIDS. It's not that I have anything against people with AIDS. I believe that the people living at 4210 Clover Street, N.W. are operating a health care facility or a community-based residential facility for people with AIDS. These types of facilities do not belong in a single-family residential neighborhood. The house constitutes both a public and a private nuisance and is in violation of the zoning ordinances.

I live across the street from "Our House." I can see a lot of things that go on over there. First of all, a lot of renovations were made to the house. Most of the renovations appeared to have something to do with handicapped or bedridden persons. For example, they put a ramp in front of the house and widened the entrances. I saw appliances like refrigerators and sinks and such being delivered, but none being removed. I think

there is more than one kitchen in that house. They added an additional ground floor entrance on the side of the house and one on the second floor.

One afternoon while I was washing my car in my driveway, I saw one of the residents of the house come outside by her/himself and start to walk up the block. I remember thinking to myself, "S/He looks weak and is real skinny." S/He moved very slowly, with hesitation. S/He walked a short distance towards the end of the block when s/he staggered and fell face down on the sidewalk. A woman driving a car stopped. She got out of her car and ran over to the resident. By this time, a few neighbors and I had gone across the street to see what was going on. The woman ran back to her car and got some paper towels and put them under the resident's bleeding mouth. The woman had a car phone and called an ambulance. The towels were quickly saturated with blood. She picked up the blood-soaked towels. I yelled to her not to touch them, because the resident had AIDS. The group of us from the block knew better than to get near this person's blood. At this point the ambulance arrived and took the resident to the hospital.

AIDS patients shouldn't be allowed in a residential neighborhood where they can infect people with this deadly disease. A health care facility shouldn't be allowed in a single-family residential neighborhood because accidents like this, or worse, could happen. The person shouldn't have been allowed out of the house on her/his own. S/He was way too weak.

S/He needed supervision. Here was some unknowing person who came to the aid of a person bleeding on the sidewalk. I can't help thinking that she'll probably get AIDS because she was doing a good deed and came in contact with AIDS-infected blood.

I don't allow my children outside without supervision anymore. I don't want them to get into something over at that house. I told them to stay away from there. Not only do these people have AIDS, but they may be drug abusers too. One of the other folks in NAAH, Fred Lang, said that his kid came home one afternoon with a syringe. Fred asked him where he found it and his child replied, "Next to the AIDS house." I consider this an infringement on my family's right to enjoy our home and our living space, not to mention a potentially serious threat to our safety and well-being. Knight has said that "Our House" doesn't take IV drug users, so that means the residents are probably all gay.

"Our House" has two vans. One of them is oversized and has a commercial license on it. It is painted on the outside with advertisements about AIDS. The residents drive the vans around town and park them on the street or in their driveway. People slow down to read what is written on the van when they drive by. I think the fact that "Our House" doesn't try to keep its purpose a secret increases the number of curious people walking and driving up and down the street. I worry that the drivers might become distracted and not see the kids playing nearby. That big van, with the advertisements, is a commercial vehicle and has no

business being parked on a residentially zoned street. The residents handed out condoms. I know this because some of the teenage kids on the block were bragging about how they got them.

I often see people going in and out of "Our House." There is a Georgetown Medical Center van that comes to the house at least three times a week. Sometimes it picks up people from the house, and sometimes people from the van get out with what appears to be medical bags. They go into the house for about an hour or so, and then leave. Once a week, usually Thursdays, they must hold a meeting of some sort, because a lot of people show up, park up and down the street, and go into "Our House" for a few hours. Ambulances are constantly at "Our House." It's always an upsetting feeling to see ambulances racing up your street and to have lights flashing and blinking through your windows at any time of the day or night. It is rare that I get to sleep through the night without a disturbance of this sort. One time they carried someone out in a body bag. My oldest child asked me what was going on. I found it difficult to explain that to him. Children shouldn't have to be unnecessarily exposed to death and dying or ambulances and hearses on a regular basis. Other than to be wheeled in and out on hospital beds and wheelchairs, the residents don't seem to get out that much. They don't do household chores like mowing the lawn, themselves. They have groceries delivered to the house.

Most of the people on Clover Street have lived on the block for a few years. We all know each other and socialize. We have an annual summer block party. We get a special permit and closing the street to cars and set up picnic tables in the street in front of our houses. We have food and music. Last summer we were all having a lot of fun at the block party until an ambulance approached the street. We had to quickly pull away everything we had set up on the street so that the ambulance could get through. It went to "Our House" and they took one of the residents from the house to the hospital. It really put a damper on the mood of the party. The party never quite got its steam up again and everyone went home. No one wants to organize this year's party.

We lived in a nice, single-family residential neighborhood before Knight came in and opened up "Our House." I want to be able to have my children play outside without my worrying about them. I want to be able to socialize with my neighbors without worrying about seeing ambulances and bodies in body bags. I don't want the property value of my house to decrease because the house across the street has fire escapes, ramps, and hippie vans around it. Furthermore, I don't want my street being a freak show, with people slowing down and stopping to look around, causing traffic, noise, and parking problems.

Having a house full of people with a communicable disease like AIDS on a street zoned for single-family residences is a threat not only to the neighborhood, but to the entire

community. It should not be allowed. I don't want to wait until someone gets AIDS from a resident of "Our House." I am here today to save lives.

Statement of Dr. Mel(anie) Brown, Medical Expert for NAAH

I am Dr. Mel(anie) Brown. I am an epidemiologist, or a doctor who studies how diseases affect large groups of people. I received my medical degree from George Washington University Medical School and my master's in public health from Johns Hopkins University. I have worked for seven years as the medical epidemiologist at B-Well Pharmaceuticals. I am being paid $1,000 by the plaintiffs to testify today.

AIDS is caused by a virus now named the Human Immuno-deficiency Virus, or HIV. The virus attacks an individual's immune system, leaving the patient unable to fight off infections that people with normal immune systems can easily fight. Because the patients have a poorly functioning immune system, they die of infections as well as from the AIDS virus itself.

Early in the history of the AIDS epidemic, it was felt that this was a disease of homosexual men. However, now most new cases are in intravenous or IV drug users. There are increasing numbers of cases of people with AIDS who do not belong to either of these "high risk" groups. And it is now felt that anyone is at risk for "catching" AIDS. It is known that sexual contact with an infected individual is one of the common modes of transfer of HIV. Contaminated blood is also a very common way of transferring the infection. This is why IV drug users are so frequently infected, because when they share needles, they are physically transferring someone else's blood into their bodies. Some people got AIDS from infected blood transfusions in the

hospital. These days the United States' blood supply is tested for the AIDS virus. Also, people who practice "high risk" behavior, that is, unprotected sexual contact or IV drug use, are asked not to donate blood. For these reasons, the U.S. blood supply is now considered safe. HIV has been isolated from tears and saliva of AIDS-infected patients as well as infected blood, semen, and vaginal secretions. Therefore, all these secretions might be considered infectious.

The Centers for Disease Control in Atlanta estimates that the number of people infected with the AIDS virus in the United States is about 1.5 million. Since 1981, there have been 101,000 cases reported of actual AIDS, of which about 60%, or 60,000, have died. So the magnitude of this epidemic and its threat to our society is quite clear.

I believe that concentrating a group of AIDS patients in the middle of a residential community is ill-advised. While it is true that medical science has made major advances in our understanding of AIDS, there is still a lot we do not know. Some would say that casual contact with an AIDS patient is not dangerous. I would disagree. Because of the long period of time between testing positive for HIV and coming down with AIDS, any statistics mentioned, like the ones above, are possibly gross underestimations of the magnitude of the epidemic. We really do not know the risk of getting AIDS through casual contact because not everyone who has had casual contact with an HIV-infected individual has been tested. Symptoms may not appear for 5 to 10

years after contact is made. Therefore, I think the medical community is conveying an optimism that is not warranted at this time. We need more studies of large populations over a long period of time before safe conclusions can be made.

"Our House" is a product of the medical community's optimism. This unregulated facility is allowed to give fairly sophisticated care to a group of patients with AIDS.

According to information about the medical care required by patients in "Our House" that Eva(n) Buttle has provided to me, "Our House" is operating as a health care facility or a community-based residential facility. Because of the residents' medical needs, "Our House" should be regulated as a health care facility or a community-based residential facility. Everyone in the house has a common need for treatment. Knight provides them with medical services and treatment. Because the home is not regulated, we can't be sure that the care "Our House" provides is sufficient. For instance, we are not sure whether the occupants or employees at "Our House" take enough care in dealing with their garbage and medical waste. We are not sure whether persons working with patients' secretions are protected from transmittance of the disease. Unless "Our House" is regulated according to D.C. health codes, unqualified and unlicensed people can be hired to provide care. This puts both the patient and the worker at risk. The workers at the house, like Eva(n) Buttle,

really did not have a good understanding of the illnesses of the people they were caring for. Knight is not a licensed health care professional, nor was Mr/s. Buttle.

I caution that allowing homes such as this to operate without any certification or supervision could pose a threat to the community. The AIDS epidemic is a serious one and unless we take every necessary measure to keep it in check, homes such as "Our House" will prove to be a breeding ground for AIDS.

Statement of Eva(n) Buttle, Former Cleaner, "Our House"

My name is Eva(n) Buttle. I worked at "Our House" at 4210 Clover Street, N.W. from April 5, 1989 until September 21, 1989. I was employed as a house cleaner. I came to the house for an interview and met Vic(kie) Knight. S/He spoke to me about what the job would entail. S/He made it clear to me that the other five people living in the house had AIDS. I didn't know too much about the virus at the time, but s/he reassured me that if I followed some guidelines s/he set out for me that I would not be at risk of getting the disease. I was hesitant at first, but the pay was extremely good, although there were no health benefits included. I never really understood who was running this facility. At first I thought it was part of Georgetown Hospital; then I thought it was some clinic or a social service organization.

The house appeared brand new, both inside and outside. In fact, Mr/s. Knight told me that s/he had been living there just a short time and that the other residents had just moved in, I had never seen a house quite like it in a neighborhood . It looked like a small hospital that was set up to make the patients feel like they were still at home. My niece had her baby in a room like that at Georgetown Hospital.

My tasks included cleaning the house, doing the laundry, giving out medicine, and various other tasks related to the house. I used a lot of Clorox in that house. Sometimes I had to clean out, wash, and sterilize bedpans. I washed the clothes,

sheets, and towels for the house. The sheets were often soiled or stained with blood, dressings from bandages, urine, and feces. I guess that's why the pay was so good. I really had a lot to do in the house. I was kept busy from the moment I stepped into the house until the time I left at the end of the day. I was told to wear gloves when I cleaned, but I didn't like the way they felt on my hands. I only wore them when I cleaned the bedpans, the dishes, and the bathrooms.

There are so many rooms in that house. Cleaning one kitchen is time-consuming as it is, but Knight added another kitchen to the upstairs of the house. When I prepared meals I sometimes had two sets of meals going at the same time. Often, I had to carry food upstairs to the other kitchen. I frequently served meals to the residents in their rooms.

It was difficult for me to manage all the tasks alone. Knight was a demanding boss. I couldn't even throw trash out without having to try to remember in which container that particular waste was supposed to be placed. Needles had to go in a special plastic container. Medical wastes went in a special colored bag. Making the beds was a greater chore than usual. The beds were large and heavy. Because they had wheels on them, you had to make sure the brakes were locked so the beds wouldn't roll.

There were often other people working in the house. Sometimes there were visitors. Doctors came every once in a while. Nurses were there more often; they would come in the

evening as I was leaving. I met the dietician a number of times, and a social worker came to the house every few weeks. There was a physical therapist there for a few weeks working with Terry Campbell, one of the residents. He had taken a fall and had hurt himself. The therapist was trying to help him to build up his strength. I know what all these people did because I would ask them.

Most people who lived in the house and those I met who worked there were very nice to me. The residents of the house were so skinny, I always wanted to feed them to fatten them up. They were a very quiet group. It was really upsetting to me to see one of them die in the short time I worked for "Our House." I became so emotional I couldn't work there anymore.

Knight says that s/he fired me, but I quit. I wasn't hired as a nurse. I didn't want to work in a hospital. "Our House" was too draining both physically and emotionally.

Statement of Vic(kie) G. Knight, Trustee

My name is Vic(kie) G. Knight. I live at 4210 Clover Street, N.W., Washington, D.C., also known as "Our House." The house was previously owned by John King, who, upon his death, left the house in trust to me as a residence for persons with AIDS. I am the administrator of the trust. Since the time of his death in 1988, I have been making sure that John King's wishes, as stated in his will, are carried out. I have been living in the house, renovating it, refurnishing it, selecting persons to live in the house, and making arrangements, both legal and functional, so that the residents are comfortable. I do not hold another job. Running the house, administering the trust, and running the educational aspect of the house take up a great deal of time.

When I was ready to start interviewing people to move into the house, I notified the local AIDS clinic, which referred people to me. I interviewed a lot of people, and it was difficult to select only five. I wanted to have a group of people who understood the mission of the house. They had to be interested in communal living and developing a sense of being one household or a family. I wanted to take people who really needed a place to live. I would not take any intravenous drug abusers. If the residents are physically able, they share household chores, plan activities together, and if they wish, share meals.

I never applied for a special use permit or a variance from the zoning board because I never saw a need to do so. We are a single housekeeping unit, functioning as a family. It shouldn't matter that 5 of the 6 people in the house are suffering from AIDS. Everyone in a household could have cancer or other various ailments. We don't feel we should have to hide the fact that residents of our house have AIDS.

The house originally had four bedrooms. I have made three additional rooms in the basement. One serves as my room, one serves as my office/study, and one serves as a guest room. I have enlarged the kitchen and added an extension. The extension has an extra bedroom in case we need a person to stay with us at night when a resident is very ill. It also serves as a storage room for supplies and equipment.

I have widened the entrance and have added a ramp to the house. This allows a hospital-size bed or a wheelchair easy access. The house has two stories. I have attached a fire escape and a door on the second floor leading to the fire escape. Inside the house, I have installed a wheelchair lift for easy access to the second floor. I have put in a small kitchenette upstairs so that residents who want to prepare something to eat or drink won't have to climb the stairs or use the lift.

The renovations I have made are to make the house aesthetically pleasing and comfortable for the residents. They become extremely weak during the last stage of the disease and

often cannot leave their beds. Therefore, I have had skylights installed in nearly every bedroom of the house so they will able to look up at the sky.

Our residents are at different stages of AIDS and each has chosen his or her own type of care. Most want to remain in the house through their illness. We have had visiting nurses come and stay at the house when necessary. Georgetown Medical Center sends a van to transport the residents to the hospital once a week. Doctors make house calls when a resident is too weak to travel.

A dietician comes to the house twice a week. She goes over a personal nutrition plan with everyone in the house. She is in charge of stocking the kitchen with the appropriate groceries. She prepares the evening meal for the house twice a week.

I have hired someone to come every day to clean the house and help with other household tasks. I have had a few people work for me in this capacity. Eva(n) Buttle was one such person. We no longer employ her. I had to let her/him go because s/he was very forgetful and really didn't do a very good job cleaning. It's important that the house is clean because the residents are susceptible to colds and flu and the like. S/He was also always forgetting who took what medication and when the medicine had to be taken. I couldn't afford to have her continue to make such mistakes. When I interview people to clean the house and do the laundry, I tell them that the residents in the house have AIDS. I tell them what this means in terms of their

obligations and risks. I explain to them precautions they should take, and I provide them with the Centers for Disease Control's Infection Control Guidelines for Home Care. I found Mr/s. Buttle cleaning without gloves a few times, and had to remind her to put them on. She said she didn't like the way they felt on her hands.

We take precautions to protect ourselves, the people who come in direct contact with the residents in the house, and the community. For example, I knew that the neighborhood was resistant to having "Our House" established in its midst. Therefore, I arranged to have a private trash company take away our refuse. The company comes twice a week. One of our residents is diabetic so we have to dispose of needles. We have special containers for needles, which we take to the local clinic for proper disposal. We put very little trash out for curbside pickup. We put our newspapers out on the curb as part of the recycling program.

On Tuesday evenings, we hold an AIDS comfort meeting in "Our House." It's for family, friends, and AIDS sufferers themselves. It's a social group to help comfort people. I feel that the members of NAAH are discriminating against persons with AIDS. It is not just the mere fact that we are here in court today, but there have been a number of other incidents that demonstrate their intolerance for persons with AIDS. For example, last summer they had their annual block party. The entire block was invited to participate, except for the residents

of "Our House." You should have seen the picnic tables lined up next to each other up and down the block with a big gaping hole right in front of our house where our picnic table should have been. They utilized that space, though. It became the dance area. Speakers were set up facing right towards "Our House" and the music was blaring. It was quite disturbing to us because some of the residents needed to rest. We have also had some threatening phone calls to the house. Once, someone sent a bunch of dead roses to the house. We tried to trace the source but we were unsuccessful.

The number of people with AIDS who need housing is growing all the time. Perhaps it is because they have no family or they have been rejected by their family. Maybe they cannot afford to live on their own any longer. Possibly they cannot take care of themselves any longer, or do not want to be alone. Whatever the reason, the people in "Our House," my new family, have chosen to come and live together under one roof. I'm here to see that they can live here for as long as they wish and as long as they live. I am not running a health care facility or a community-based residential facility. We are a family. If a member of your family got sick, you would do everything you could to take care of them. That is what "Our House" is about.

Statement of Dr. Paul(a) Moss, Medical Expert for "Our House"

I am Dr. Paul(a) Moss. I am a physician with a specialty in infectious diseases. I am presently on the faculty of Georgetown Medical School, where I completed my residency and infectious diseases. I am not being paid for my testimony here today.

Through the advances of medical science we have developed an excellent understanding of AIDS. New therapies are being developed every day that will extend and improve the quality of life of HIV-infected patients. Many in the field believe that a vaccine against HIV will be developed in the next 10 years. As far as epidemics are concerned, this is an incredibly rapid time frame in which an infectious agent is described, treated, and potentially cured.

What the public needs to understand is that AIDS is a chronic disease, causing a long-term illness. HIV is not a quick killer. When someone gets exposed to an HIV-infected individual either through unprotected intimate sexual contact or through infected blood products, there is a chance that person has been infected with the AIDS virus. It is not clear how much of an exposure is required to get infected. Once someone is exposed and possibly infected with HIV, there is a time lag of months until that person test positive for HIV exposure by our standard testing procedure. Once someone tests positive for HIV exposure, that does not mean he or she has AIDS. However, our society does not distinguish between the two, and therefore both

types of patients are wrongfully and equally discriminated against in housing, work, etc. A person can test HIV positive for years and be healthy and normal. But, important to note, a person is able to pass HIV infection to others by unprotected sexual contact or by giving contaminated blood. In about 5 to 10 years after exposure to HIV, the patient will have a severely weakened immune system and will carry the diagnosis of AIDS. At this stage and even prior to the diagnosis of AIDS, there are excellent medications that can delay the onset of the disease and extend a patient's life.

I have had residents of "Our House" as patients, often before they became residents of the house. I think it is wonderful that the house was bequeathed for the purpose of enabling persons with AIDS to live together in a residential setting, and attempt to continue to live out their lives in a sense of normalcy. "Our House" has terrific facilities for persons in need of home care. It is also cozy and sunny. I have been to the house on a number of occasions. I have visited it both professionally and socially. I am committed to seeing "Our House" remain in its present location.

I do not consider "Our House" to be a medical facility. It merely provides the care one would give a family member who no longer requires hospitalization or a nursing home. In fact, a family could provide even more care if they so desired. Because of the overcrowding and expense of hospitals, care is more often provided in home settings. One can hire around-the-clock

nursing. Intravenous antibiotics can be given in the home. It is not unheard of to have a patient on a respirator, or more simply put, a breathing machine, in the home. Given the costs of health care in the hospital, our society should get used to these changes. Caring for these types of patients in a community setting literally costs a fraction of what it would cost to keep them cooped up in the hospital.

"Our House" does not pose a health risk to the community or to the people who work there as long as current contact recommendations are followed. There is no evidence that HIV is spread by everyday contact. The Surgeon General's Report on AIDS states that if ". . . family members shared food, towels, cups, razors, even toothbrushes, and kissed each other . . ." there would be almost no chance of spreading AIDS. The residents at "Our House" follow much stricter hygiene guidelines. Health care workers come into contact with AIDS patients and their infectious materials more often than would be expected from common everyday contact. The Surgeon General's Report also states that of 750 health care workers who had possible exposure to HIV-infected body fluids, only three tested positive for HIV exposure. These three had all reported being accidentally stuck with a needle contaminated with infected blood. It is therefore felt that the AIDS virus is not transmitted by casual contact. The incident in which Terry Campbell fell and was assisted by a good Samaritan is a troubling event. While it is unlikely that this woman who assisted Mr/s. Campbell was infected with HIV,

especially if s/he had no open cuts on her/HIS hands, it is a possibility. Health care providers would recommend close follow-up. You should be as cautious when coming in contact with the blood of your closest friend as you are when dealing with a stranger's blood. However, the community needs to be taught that contact with anybody's blood is a potentially dangerous event; besides HIV, many other viruses, like hepatitis, could be transmitted. "Our House" is trying to educate the community about these hazards.

Statement of Terry Campbell, Resident of "Our House"

My name is Terry Campbell. I live at 4210 Clover Street, N.W., also known as "Our House." I have AIDS. I am also a hemophiliac. Basically, that means that when I get a cut and start to bleed, the clotting agents in my blood do not work, and I can't stop bleeding. I bleed really easily, too. I require transfusions of clotting agents on a regular basis to prevent bleeding. I got AIDS from a transfusion that was contaminated with HIV. Before "Our House" opened, I spent a lot of time in the hospital, even after I really didn't need to be there. When I was in the hospital, I couldn't go outside, I had few visitors, and they could only come at certain times. I was really bored and frustrated.

I met Vic(kie) Knight at a meeting at the local AIDS clinic. S/He told me that s/he was opening "Our House." I applied to live there and was accepted. I have been living in "Our House" since it opened.

It's been a really good experience, that is, if you have to have AIDS. I finally have a home, a place to feel comfortable. I feel we are a family. People are supportive of each other, and care for and about each other. I don't want to live by myself. I am afraid of having something happen to me and not having anyone there to help me. I don't want to die alone. I want to live out my life doing the everyday things I have always strived to do. I don't want to be a burden on my parents.

The house is run as much like a household as possible. We share in the chores, and we have meals together. We sit around and talk, listen to music, read, and enjoy each other's company. We try to encourage each other to get out of bed and come to the dining room for meals, or to sit in the living room to be together, to get a change of scenery. We have some beds on wheels so that we can wheel someone into a room, so we are not alone.

The house is extremely comfortable. All the doorways are accessible for those confined to a wheelchair or a bed. The rooms have a lot of light that comes through the windows and skylight. There are handrails along the walls throughout the house so you can have support as you are walking. Vic(kie) Knight did a great job of working with the architects in renovating the house.

It is quite a task to run the house. We all take precautions to make sure things that are supposed to be sterile are, and to avoid exposure of anyone from the outside to AIDS. Keeping track of who gets what medication and when, is a job in itself. Waste has to be disposed of in specific containers with lids, and we have colored bags for certain kinds of waste. A trash company takes the garbage away a couple of times a week.

It's a little weird to look at each other and know we're all going to die. Everyone does die, though. We'll just die sooner than most in our age group. It's hard to see people die, especially those close to you. We at least have each other. We

don't have a lot of visitors. It's difficult for some of our friends and families to see us getting so skinny and becoming so weak.

We have two vans of our own. One we use for transportation and the other we use to educate the community about AIDS. The educational van is decorated with brightly colored letters that say "Aide with AIDS." It catches a lot of attention. I ride in the educational van twice a week for about three hours each day. I answer questions and talk to people about AIDS. We believe that much of the resistance to homes like ours and other negative feelings towards those suffering with AIDS could be dispelled if people were more informed on the topic. We answer questions and, if requested, we pass out brochures, condoms, and addresses of places where people can get counseling and/or screening for the HIV virus. Another van from the hospital comes to take me for my checkups. I usually go about once every other week.

Other than going out in the educational van and to the hospital for treatments, I stay in the house a lot. Sometimes I go out for short walks, but I have someone walk with me. I went out for a walk a few months ago by myself and I fell down and started bleeding and ended up in the hospital again. I was very fortunate that day that some person driving by stopped to help me and called the ambulance. None of the neighbors did anything to help me, or even to contact anyone in "Our House." I could have

been lying there bleeding for quite a long time. If it were not for that person stopping to see what was wrong, I would have bled to death. Fortunately, I'm well enough to be here today.